

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:)
Logosz)
FOR: INFLATABLE WING WITH)
MANIFOLD)
SERIAL NO: 10/773,652)
FILED: February 6, 2004)
ART UNIT NO: 3643)
EXAMINER: Collins)
DOCKET NO: SSKB - 202)

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AUG 21 2006

SUPPLEMENTAL AMENDMENT

MAIL STOP AF
Commissioner of Patents
PO Box 1450
Alexandria, VA 22313-1450

In response to the Office Action mailed June 26, 2006 and in further response to telephone call from the Examiner on August 14, 2006, Applicant respectfully submits the following amendments and remarks. In the noted telephone call, the Examiner stated that an additional claim fee would be required for the amendment filed July 31, 2006 due to the number of claims pending. This amendment replaces the previous amendment and Applicant cancels Claims 1-9, 12-13 and 16-18 so that the number of claims pending corresponds to the number already paid for. Specifically, there are a total of 11 claims pending, of which two are independent (Claims 9 and 24). Please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

AUG 21 2006

PTO/9B/21 (07-06)

Approved for use through 09/30/2006. OMB 0581-0031
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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

8

Application Number	10/773,662
Filing Date	February 8, 2004
First Named Inventor	Logozz
Art Unit	3843
Examiner Name	Collins

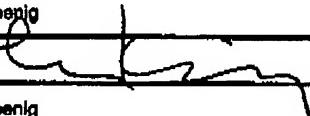
Attorney Docket Number

SSKB - 202

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Nathan Koenig		
Signature			
Printed name	Nathan Koenig		
Date	August 21, 2006	Reg. No.	38,210

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name

Nathan Koenig

Date August 21, 2006

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